SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY:	EXECUTIVE ORDER 10450, 9397, AND PUBLIC LAW 99-474, THE COMPUTER FRAUD AND ABUSE ACT
PURPOSE OF USE:	TO RECORD NAMES, SIGNATURES, AND SOCIAL SECURITY NUMBERS FOR THE PURPOSE OF VALIDATING THE TRUSTWORTHINESS OF INDIVIDUALS REQUESTING ACCESS TO DEPARTMENT OF DEFENSE (DOD) SYSTEMS AND INFORMATION.
ROUTINE USES:	THOSE GENERALLY PERMITTED UNDER THE 5 U.S.C. 522A(B) OF THE PRIVACY ACT AS REQUIRED.
DISCLOSURE:	DISCLOSURE OF THIS INFORMATION IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY IMPEDE, DELAY OR PREVENT FURTHER PROCESSING OF THIS REQUEST.
NOTE:	RECORDS MAY BE MAINTAINED IN BOTH ELECTRONIC AND/OR PAPER FORM.

TYPE OF REQUEST ☐ INITIAL ☐ MODIFICATION ☐ DELETION ☐ USER ID _____ | DATE

SYSTEM NAME *(Platform or Applications)* | LOCATION *(Physical Location of System)*

PART I: *(To be completed by Requestor)*

1. NAME *(LAST, FIRST, MI)* | 2. SOCIAL SECURITY NUMBER

3. ORGANIZATION | 4. OFFICE SYMBOL/DEPARTMENT | 5. PHONE *(DSN or Commercial)*

6. OFFICIAL E-MAIL ADDRESS | 7. JOB TITLE & GRADE/RANK

8. OFFICIAL MAILING ADDRESS

USER AGREEMENT (COMPLETE BLOCK 29 OR 30 AS APPROPRIATE)

I accept the responsibility for the information and DOD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DISA/DOD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

9. USER SIGNATURE | 10. DATE

PART II: SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OF CLEARANCE INFORMATION.

11. CLEARANCE LEVEL | 11a. ADP DESIGNATION

12. TYPE OF INVESTIGATION | 12a. DATE

13. VERIFIED BY: *(Print name)* | 14. SIGNATURE | 15. DATE

PART III: ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR *(If individual is a contractor - provide company name, contract number and date of contract expiration in Block 16).*

16. JUSTIFICATION FOR ACCESS

17. TYPE OF ACCESS REQUIRED: ☐ AUTHORIZED ☐ PRIVILEGED

18. USER REQUIRES ACCESS TO: ☐ UNCLASSIFIED ☐ CLASSIFIED *(Specify Category)*
☐ OTHER _____

19. VERIFICATION OF NEED TO KNOW
I certify that this user requires access as requested. ☐ | 19a. EXPIRATION DATE FOR ACCESS (*Specify date if less than 1 year)*

20. SUPERVISOR'S NAME *(Print name)* | 21. SUPERVISOR'S SIGNATURE | 22. DATE

23. SUPERVISOR'S ORGANIZATION/DEPARTMENT | 23a. PHONE NUMBER

24. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR | 24a. PHONE NUMBER | 24b. DATE

25. SIGNATURE OF ISSO | 26 ORG./DEPARTMENT | 27. PHONE NUMBER | 28. DATE